



## The Physician's BOOKSHELF

**PROGRESS IN CLINICAL CANCER—Volume I**—Edited by Irving M. Ariel, M.D., F.A.C.S., Associate Clinical Professor of Surgery and Attending Surgeon, New York Medical College, Flower and Fifth Avenue Hospitals; Attending Surgeon and Chief of the Soft Somatic Tissue Tumor Service, Hospital for Joint Diseases; Attending Surgeon, Pack Medical Group, New York, N.Y. Grune & Stratton, Inc., New York and London, 1965. 789 pages, \$35.00.

This ample monograph consists of 14 sections, contributed by 72 authors; it is essentially a "Yearbook of Cancer."

After some introductions, there is a short section dealing with general considerations of cancer, followed by sections dealing with the surgical, radiological and chemotherapeutic treatment of this disease. There are then sections dealing with cancer of specific sites such as head and neck, breast, lung, and gastrointestinal tract. Finally, sections dealing with lymphoma, tumors of muscle, and "specific tumors of other sites."

In the introduction, the editor quotes Wangenstein to the effect that "all that is new is not necessarily good." It is the expressed goal of the editor to present those things which are not only new but which have also proved to be good. Alas, this reviewer notes only one paper in the entire monograph in which controls were used in a clinical therapeutic study. It is therefore to be hoped that the anticipated subsequent annual volumes will stress the need for such and perhaps reprint the excellent control studies now emanating from such cancer centers as the Christie Hospital in Manchester.

In an interesting chapter by Pack entitled "Perspective and Prospective View," the great usefulness of low-voltage, short-distance radiotherapy (60 KV) is properly stressed "This miniature instrument . . . is as useful today as it was 30 years ago for selected therapy of certain cancers of the skin and lip." To these we would add, eyelid and superficial layers of the globe.

The control study above referred to was one dealing with 666 female patients with carcinoma of the breast, one-half treated by extended radical mastectomy and one-half by simple mastectomy followed by radical postoperative radiotherapy. The patients in the two groups were approximately equally distributed by stage of disease and by age. The five year results are available for all cases, and the ten year results for almost 200 of them. The five year survival rate in the radically treated group is 56 per cent, and in the group treated by simple mastectomy and postoperative radiotherapy 55 per cent. The respective ten year survivals are 35 per cent and 34 per cent. This excellent control study should be read by all interested in the problem of cancer treatment; its reproduction alone warrants the wide use of this monograph. (Kane, S. & Johansen, H. "Mammary Carcinoma.")

In the section on possible radiation-induced carcinoma, Pifer & Hempelmann conclude that "none of the prospective investigations have been properly controlled, and for this reason the treated children studied may represent a selected group predisposed to develop thyroid neoplasia without exposure to ionizing radiation."

In a chapter dealing with the natural history of bronchial cancer it is observed that like most human cancer, this disease is usually of many *years*, rather than *months* duration prior to diagnosis. Therefore, the use of the term "early" in its ordinary recognition is neither scientific nor valid. Indeed, the more one considers the problem of human cancer the more it is evident that we usually are consulted during the last scene of a four act drama; the real solution to the problem must be one of prevention rather than diagnosis or treatment. Until such solution is at hand we must of course continue efforts to diagnose it while still localized, and treat it by suitable radical measures in an attempt to cure. Steadily rising cancer incidence and mortality rates (that accompany our increasing longevity) call for skeptical analysis of most of the ostensibly new, but still uncontrolled therapeutic measures discussed in this well-illustrated and well-indexed work.

L. HENRY GARLAND, M.D.

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**STEREOSCOPIC MANUAL OF THE OCULAR FUNDUS IN LOCAL AND SYSTEMIC DISEASE**—Frederick C. Blodi, M.D., Associate Professor of Ophthalmology, and Lee Allen, Associate in Ophthalmology, State University of Iowa College of Medicine, Iowa City, Iowa. With a Foreword by Alson E. Braley, M.D., Head and Professor, Department of Ophthalmology, State University of Iowa College of Medicine, Iowa City, Iowa. (Included with book are 105 stereoscopic views in full color on 15 View-Master® reels, and a View-Master® compact viewer.) The C. V. Mosby Company, Saint Louis, 1964. 132 pages, \$32.50.

This is a beautifully prepared teaching manual for students, and a refresher course for experienced ophthalmologists. The stereo photographs cover a wide variety of fundus conditions, including those related to systemic diseases.

The manual comes complete with 15 stereo "reels" which may be viewed in the well known View-Masters. The manual comes complete with its own small ingenious folding View-Master which the reader may use in quiet repose under any usual lighting conditions. The reels may be used as teaching material for larger groups when projected through a stereo projector and viewed through polaroid lenses.

A foreword by Alson E. Braley traces the history and source of patient material of these excellent photographs.

There are approximately 100 accompanying photomicrographs of the histologic material relating to the stereoscopically viewed fundus photographs.

The material is an outgrowth of the popular medical exhibits by the co-authors and is a most welcome advance in teaching the clinical and laboratory aspects of fundus pathology.

There is an introductory chapter detailing the photographic techniques which encourages others to gather similar material. This manual is a "must" in the training of all ophthalmologists.

ARTHUR JAMPOLSKY, M.D.